

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)

SERIAL NO.
574639

FILING DATE
578-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL W/O.	3					

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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